Substitute for Form PTO-875										Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL	ENTITY	OR	OTHE SMAL	R TH
FOR NUMBER FILED				D	NUMBER EXTRA			RATE	FEE		RATE -	
BASIC FEE (37 CFR 1.16(a))					1		\$		- MATE	 		
TO	TOTAL CLAIMS //			minus 20 =			1			OR.		
INC	EPENDENT CLA		1				╬	X \$=		<u>OR</u>	× \$ =	
(37	(37 CFR 1.16(b)) minus 3 = 1					-	X \$=		OR	X \$=	-	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						_	+ \$=	ļ	OR	+ \$=		
• 11	* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL		OR	JATOT	
	C	CLAIMS AS AN	MENDE	D – PAR	TII							
		(Column 1)	··.	., (Colu	umn 2)	(Column 3)		SMALL E	ENTITY	OR	OTHE SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	م ۱۲
	Total (37 CFR 1.16(c))	14	Minus	" 2	20	=		× \$ =		OR	x s =	
	Independent (37 CFR 1.16(b))		Minus		3	=		x \$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ s =	
							, .	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		•		•		L
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	A TI(
	Total (37 CFR 1 16(c))	•	Minus			=		x \$=		OR): §=	
	Independent (37 CFR 1 16(b))	•	Minus			=		x \$ =	-	OR	x \$=	
⋛	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))							+ \$ =		OR	+ \$ =	
						· · · · · · · · · · · · · · · · · · ·	_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)				_		
S I		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AI TIC F
<u> </u>	Total (37 CFR 1 16(c))	•	Minus	••		Ξ		x \$ =		OR	x 2 =	
	Independent (37 CFR 1 16(b))		Minus	•••		F);		JOR T	x s =	
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))							+ 5 =		OB	+ 5 =	
		***************************************			_		L.	TOTAL AUDIT FEE			TOTAL ADD'L FEE	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3

[&]quot; If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1